

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.** Full Name (Last, First, Middle Initial)  
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement

Candidate Name  
MIKE MCMAHON FOR CONGRESSOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4413

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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**B.** Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name  
MIKE THOMPSON FOR CONGRESSOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	9

Amount of Each Disbursement this Period

2300.00									
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**C.** Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name  
MIKE THOMPSON FOR CONGRESSOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4352

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	9

Amount of Each Disbursement this Period

200.00									
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SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....